PART B - FEE(S) TRANSMITTAL 09-049-07

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed oth tions.	nerwise in Block 1, by (a	a) specifying a new corre	espondence address	; and/or ((b) indicating a separ	rate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
22851 DEL BLIL TECH		6/2007		Ce	rtificate o	f Mailing or Transn	nission	
DELPHI TECH M/C 480-410-20	· I h	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope						
PO BOX 5052				addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
TROY, MI 4800)7			4		<i>(- 1</i>	(Depositor's name)	
			i-	<u>_</u>	<u>/43a</u>	~ Grish	1	
			-		10	e Gu	(Signature)	
						<u>8 - 3</u>	(-07 (Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		. FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION		CONFIRMATION NO.	
10/700,208 11/03/2003			Glenn A. Walker		DP-309659			
FITLE OF INVENTION	I: TIME-SHIFTING DA	TA IN DIGITAL RADIO	SYSTEM 09/0	5/2007 CCHAU2	000000	22 500831 10700	208	
			•		00.00 Di	1		
			01 F 02 F		00.00 D			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/05/2007	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS] .				
CHAI, LONGBIT 2131			380-255000					
CFR 1.363).	ence address or indicatio	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)				
			-	-	nee is ider	ntified below, the do	cument has been filed for	
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
DELPHI TECHNOLOGIES, INC. TROY, MICHIGAN								
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🗹 C	orporation	or other private grou	up entity Government	
la. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Ple	ase first reapply a	ny previo	usly paid issue fee s	hown above)	
Issue Fee			A check is enclosed.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).					
Advance Order - 7	or Copies	overpayment, to Dep	osit Account Numb	er <u>500</u>	(enclose an	extra copy of this form).		
	tus (from status indicated	,						
	s SMALL ENTITY statu		☐ b. Applicant is no los					
NOTE: The Issue Fee and nterest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than Office.	the applicant; a reg	istered att	orney or agent; or the	assignee or other party in	
Authorized Signature	Susa	Gust		Date	-31	-07		
Typed or printed name	· Susar	Grisha		Registration I	No			
This collection of inform in application. Confident	ation is required by 37 C tiality is governed by 35	FR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is es	retain a benefit by stimated to take 12	the public minutes to	which is to file (and complete, including	by the USPTO to process) gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.